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AUTHOR	Kirk, Mimi
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ABSTRACT

The report describes the Services in Counseling/Intervention and Life Skills Education (SCILSE) Program, a comprehensive program providing services to emotionally disturbed children in their own homes, under the auspices of the Southern Home for Children, a residential treatment center in Philadelphia. The history of the Southern Home for Children is reviewed, along with its philosophy, goals, and objectives. Aspects of the SCILSE program covered include a general program description, population served, intake procedures, program schedule, home management services, budget, organization, job descriptions, and evaluation. Major program components described include the psychiatry department, psychology department, social work services, training institute, child care department, creative arts department, home management services, and private academic school. Included in the appendix are such things as a telephone intake form, an intake summary, and a creative arts referral response form. (DLS)

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S. C. I. L. S. E.

SERVICES IN COUNSELING/INTERVENTION

and

LIFE SKILLS EDUCATION

Southern Home for Children
3200 South Broad Street
Philadelphia, Pa. 19145
(215) 334-4719

Lauren A. Spinelli, ACSW
Executive Director

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Space does not permit acknowledgement of all those who have shaped the content and spirit of the material which follows. The presentation represents hours of collaboration with representatives from virtually every department at the Southern Home for Children. Each one has made a significant contribution.

Of noteworthy exception to group acknowledgement, however, is Lauren A. Spinelli, Executive Director. His dynamic leadership and firm conviction that children have a right to live in their own homes stimulated the creation and birth of the program described.

We would also like to express special appreciation for the financial and/or spiritual support received from the Philadelphia Department of Public Welfare, the United Way, the Philadelphia Board of Education and the Pennsylvania Department of Public Welfare.

Last, but certainly not least, are the children and families who have invested themselves in this exciting venture. Without their cooperation and trust, movement from institutionalization to in-home treatment would not have been realized.

Mimi Kirk, M.S.W.

INTRODUCTION

This document attempts to describe in some detail a comprehensive program of Services to Children in Their Own Homes which is currently functioning at the Southern Home for Children in Philadelphia, Pennsylvania.

Since its inception as a residential treatment center in 1954, the Agency has been committed to the belief that children belong with their natural families. The original psychiatric treatment program required family participation as a means of returning the child to his own home as quickly as possible, and for nearly a decade the Agency has been providing "Outpatient Services" to increasing numbers of children who might otherwise need to be placed outside of their own homes.

The Services in Counseling/Intervention and Life Skills Education Program (S.C.I.L.S.E. is pronounced skills) is unique in several ways. First and foremost is the wealth of internal Agency resources which are available for developing each youngster's highly individualized treatment program (a major drawback, and so difficult to achieve, in institutional settings). Also noteworthy are the supportive services provided to the natural family while the youngster continues to live at home. Although all program services are available to all members of the family of the identified child client, Home Management Specialists and Youth Counselors who are indigenous para-professionals, play a unique role in advocating for family members both within the Agency and with other community agencies. Finally, availability of staff, twenty-four hours a day, seven days a week, is not to be underestimated in provision of supportive service when needed.

This writer hopes that through the process of describing the SCILSE Program at the Southern Home for Children, others will be motivated to replicate the combination of services the Agency provides, as well as the high qualifications of staff which it employs.

A brief Agency history and background, a general program description including intake procedures, the program philosophy, goal and objectives, organizational data, a description of programs and the results of research are presented for the reader's perusal in the pages which follow.

AGENCY HISTORY AND BACKGROUND

Southern Home for Children was founded in 1849 as a home for neglected and dependent children. In 1954, after providing residential care to thousands of children for over 100 years, the Agency turned its attention to a huge and unmet need in the Philadelphia area. Today, in 1979, the Agency is celebrating a quarter century of providing residential and in-home services to emotionally disturbed children and their families.

The current headquarters building, located at 3200 South Broad Street in Philadelphia, was completed in March, 1960. The facilities were designed specifically to provide group child care and treatment for up to 56 emotionally disturbed boys and girls and rehabilitative services to their families.

Following relatively inexpensive but extensive conversion, the building now houses an Emergency Residential Admissions Service, a Day Care Center, a Day Treatment Unit, a Private Academic School, and offices for senior administrative and operational staff. The gymnasium, the dining room, and the swimming pool remain intact and provide programming opportunities for increased numbers of children.

Branch offices in North Philadelphia at 1006, 1010, and 1019 West Lehigh Avenue, and in the West area, at 6910 Ludlow Street, Upper Darby, Pennsylvania, house a full compliment of treatment staff providing the full range of Agency services to child and family clients in their own neighborhoods.

The development of the Community Homes* Program in 1974 set the Agency on a path of development unparalleled in the history of residential treatment. An extension of the residential treatment service, originally based on campus, this program provides a unique opportunity for even severely disturbed children to reside in a warm, intimate family living situation while receiving regular clinical services provided by Agency staff.

The inauguration of Home Management Services in 1976 greatly expanded Agency services to children in their own homes. Today, in-home services - home management, day care, day treatment, private school, partial hospitalization, and psychiatric clinic - reach even greater numbers of individuals than those served through residential programs.

The formalization of the Southern Home for Children Training Institute in 1977, fulfilled a long-held dream and enabled the provision of courses in child, adolescent and family service to Agency clinical staff and staff from other children's service centers throughout the metropolitan area.

A United Way Agency, fully accredited by the Child Welfare League of America, Southern Home for Children is a private, non-profit, non-sectarian corporation, operated by a Board of Trustees through their representative, the Executive Director. Under him, the Assistant Executive Directors, the Value Analyst, and department and program directors are responsible for carrying out Agency functions.

Programs are funded through a number of different sources including the Philadelphia Department of Public Welfare, Title XIX, Title XX and the United Way.

* A Trademark of Southern Home for Children

AGENCY PHILOSOPHY

Southern Home for Children recognizes that, in some cases, placement of children outside their home is imperative due to extreme family disorganization and disintegration. However, the Agency is firmly committed to the belief that children have the right to live in their own homes, in the custody of their natural parents. The biological family is acknowledged as the preferred setting for child rearing.

GOAL OF SCILSE SERVICE

To prevent the need for placement of children outside their own homes.

SCILSE OBJECTIVES DIRECTED TOWARD GOAL

To preserve and strengthen all aspects of the natural family unit.

To improve the living situation of the Southern Home for Children identified child client and his/her natural family.

To provide an alternative to traditional institutional placement, to foster care placement, and to the juvenile justice system.

To prevent or help to alleviate conditions of stress within the natural family.

To enable the natural family to function independently and cohesively within a mentally healthy environment.

To alleviate or prevent conditions of dependency or delinquency in children.

SERVICES IN COUNSELING/INTERVENTION AND LIFE SKILLS EDUCATION

General Program Description:

The SCILSE Program provides a dynamic combination of services to children living in their own homes with their natural parents. Individualized goal-oriented services, of varying intensity and almost infinite flexibility, are delivered collaboratively through Southern Home for Children's Child Care, Creative Arts, Education, Home Management, Psychiatry, Psychology and Social Work Departments. With the exception of Home Management Services, which are directed only toward the natural families of identified child clients, Agency staff may work with all youngsters. For example, psychiatric and psychological evaluations are required on all youngsters during intake. All children are seen medically at intake and female adolescents are also seen by the Sexual Growth and Development Specialist for counseling and a pregnancy test. Many children are seen for Creative Arts evaluations. At Agency headquarters and at the North Branch office, SCILSE youngsters are served by Child Care Workers and other supportive staff. Specialized treatment staff, such as Art, Movement, Speech and Music therapists deliver services collaboratively - either in groups or individually as prescribed by the child's treatment plan.

The primary focus of service is always on assisting the client and his/her family to sustain and develop knowledge and skills which lead to independent, mentally healthy functioning. Services received under this umbrella vary in type, intensity and frequency, according to the individual needs of the child within his/her natural family environment. All services are preventive in nature and have the goal of maintaining the child in his/her own home.

Some SCILSE children, particularly those moving toward emancipation, receive social work and/or youth counselor intervention largely in the community or at Agency branch offices. Others attend the Private Academic School and receive a formalized educational program with creative arts and life skills services. Still others may attend their community school and receive a full or partial compliment of supplemental educational, creative arts, and life skills services for several hours daily. Thus, some SCILSE children are programmed for a full day, some in the morning, some in the afternoon, and still others during early evening hours. For those not scheduled daily, highly individualized programs of varying frequency and intensity are designed.

SCILSE Program flexibility can best be visualized as a "supermarket" of services where staff symbolically go up and down the aisles picking and choosing the "groceries" which are most suited for each child/family. Because of program structure, staff have the luxury of changing combinations of services to meet changing or differentially perceived demand. They can put some services back on the shelf and choose others at any time the client's needs change.

POPULATION SERVED

Although the SCILSE Program is equally available to youngsters and their families from all races, economic strata, and living environments, the current population served is predominately black (89%), poor (79% are on Public Assistance), and socially disorganized. Identified child clients, and their siblings whose problems often remain unidentified, are abused, neglected, dependent, undisciplined, and inadequately parented - both physically and emotionally. They manifest verbal abuse, aggressive acting-out behavior, delinquency, truancy, mild to moderate mental retardation, and poor academic performance. In all cases, they exhibit behavior and other adjustment problems and virtually all of them qualify as status offenders, whether officially adjudicated or not.

The families quite often consist of female caretakers who are themselves retarded, unnurtured and unnurturing, abused and abusive, depressed, under-educated, and/or underemployed. Income, housing, clothing and food are not sufficient to meet needs. Emotional and physical disorders render the adult caretakers further unable to meet the needs of their children. Suicide attempts, psychosis and alcohol/drug abuse and addiction are often present. An understandable mistrust of authority, bureaucracy, institutions, and so-called "helping" professionals compounds their problems and can impede the treatment process. Indigenous workers employed in the Home Management Department have proven to be a valuable resource in helping parents build a trusting relationship with the Agency.

INTAKE

Southern Home for Children clients are referred to the Agency from various sources. Some come directly from the street (self/parental referrals). Others are referred through the courts or by other social service agencies. Clients are accepted for service at any cycle of life process - during early stages of child/family disorganization, or at a point of crisis. A uniform yet flexible intake system allows a youngster/family to begin receiving service immediately upon referral to the Agency and while evaluation takes place. At the time of referral the immediate question to be answered is whether or not this client can be maintained in his/her own home and what supportive services are required to meet this goal. Those clients who seem likely to be maintained with their natural parents are designated for SCILSE services.

The Agency provides a tandem approach of service and evaluation during the intake process. A youngster designated for SCILSE programming can be interviewed and an initial psychiatric and psychological evaluation done in the morning. After evaluation, he can be introduced to his/her age-appropriate group, have lunch with them in our cafeteria and join in group activities the same afternoon. In the event that psychological or psychiatric screening time is not immediately available, the child may be assigned to an age-appropriate group following collaboration between the admissions social worker and the Program Director. The group leaders then share observations with the rest of the clinical team as the evaluation proceeds. Both social work and home management intervention services are available immediately to the youngster and his/her family.

This approach is based on the recognition that spreading evaluative and diagnostic sessions over a period of days or weeks, with little or no service, could result in further disintegration of the family unit. Intake staff are sensitive to the fact that often parents have reached their limits of frustration in coping with a child, and that no immediate service might result in the parents completely abandoning the child, or vice versa. Crisis intervention is built into the intake process. The child may meet staff and other youngsters immediately, "try out" the SCILSE services component of the program, and make human connections.

SCILSE treatment intervention, if appropriate, officially begins at the intake screening when tentative goals are defined and an initial program for the child/family is written. For example, Mrs. J. is totally frustrated by John's (age 15) refusal to attend school. Presenting problems include truancy, destructive behavior in the classroom and poor peer relationships. Initially, John may be programmed to attend his community school for one-half of the day in the morning, and receive Creative Arts, Education, and Child Care Activities for the other half of the day. Additional interviews with the child and parent by the social worker, psychiatrist and psychologist provide further information about the child/family living situation upon which to base recommendations for the choice of the individualized combination of services best suited to meet child/family needs.

The above example is obviously a half day program. If John was functioning well in a public school and his problems more directly associated with family dynamics and contained in that arena, his program would likely be less intense. A Home Management Specialist and Youth Counselor would be assigned to the family. John would quite likely be enrolled in a Boys Adolescent Group which meets weekly and would be scheduled for social work sessions on either a weekly or bi-weekly basis. This basic program could be supplemented by after school educational and creative arts programming if appropriate. As indicated earlier, each youngster's program is highly individualized according to need. There is an almost infinite number of possible programs of varying frequency and intensity.

Each child's program is formally reviewed every six months when all treatment staff involved with the child/family meet to present their impressions and make suggestions/recommendations for the coming six-month period of time. Each child's program is informally reviewed on a much more frequent basis through inter-disciplinary staff collaboration. Informal collaboration can run the gamut from treatment staff meeting in the hallway to discuss a child's progress, to a memo sent to ask for a special evaluation of the child for a specific reason, to calling a full-service conference to discuss needs.

STEPS IN THE INTAKE PROCESS

1. Initial intake information is received by a Social Worker in the Admission Department.

2. The social worker contacts the referral person/agency immediately for the purpose of making contact, introducing themselves as the admissions worker in the case and to set up an initial screening interview as soon as possible. The social worker requests that a family member be present at the screening interview if at all possible. The dual purpose is to provide support for the youngster in a new and potentially threatening situation, to assist in determining the current living situation, to help define needs, and to assist in planning decisions.

3. The social worker schedules basic psychiatric, psychological and medical appointments to coincide with the date scheduled for the initial screening interview.

4. Participants at the initial screening interview vary. The basic minimum are the prospective client, the referral person (parent or representative from the referring agency), and the admissions social worker. Depending on the referral information received, additional Southern Home for Children treatment staff may participate at the screening interview.

5. At the time of the screening interview, arrangements are made for any additional Southern Home for Children evaluations that are deemed necessary. Some examples include a complete neurological examination, specialized treatment staff evaluations (music, speech, art, movement), a complete educational evaluation, hearing, eye examinations.

6. Participants at the screening interview are given a complete description of Southern Home for Children services available to the client. They are invited to ask questions, to tour a SCILSE program area and Education Unit and to meet key staff people.

7. After the basic Southern Home for Children evaluations (medical, social work, psychiatric, psychological, creative arts and child care) have been completed the case is presented for discussion at the staff intake meeting. This meeting takes place weekly and is attended by all relevant disciplines. The social worker presents the case information, input is received by Psychology, Psychiatry, Creative Arts staff and treatment recommendations are made.

8. Home management specialist services are described in detail. A referral and case initiation form is forwarded by the social worker to the Home Management Department and the case is assigned to an ongoing social worker.

SCILSE PROGRAM SCHEDULE

A.M. or P.M. Age-Appropriate Groups

Identified Child Client

Creative Arts (1 Hour Daily)

- Arts and Crafts
- Athletics
- Dance
- Games
- Drama

Academic (1 Hour Daily)

- Remedial Work
- Tutoring
- Vocational Counseling
- Homework Assistance

Life Skills (1 Hour Daily)

- First Aid
- Cooking
- Sewing
- Black History
- Personal Hygiene

Specialized Treatment Therapies:
Minimum 1/2 hour weekly - more if needed

- Art
- Movement
- Speech
- Sexual Growth & Development
- Music
- Social Work
- Psychiatry

Parents - Siblings

Home Management Specialist Services - 3 hours per week minimum

Youth Counselor Services - As needed

Social Work Services - 1 Hour bi-weekly minimum

Siblings - Life Skills Education Groups - As needed

Vocational Counseling and Training - As needed

All other Agency resources - As needed

SPECIFIC SCILSE PROGRAM EXAMPLES

Ronald (Age 16):

A.M. Daily - attends
his local school

P.M. Daily - attends
South Branch SCILSE
Unit for Program
Creative Arts
Academic
Life Skills

Additional P.M. Program
Tuesday - 1/2 hour
Social Work Service
Wednesday - 1 hour
individual Art Therapy
Thursday - 1/2 hour
Social Work Service
Friday - 1 hour
individual Speech Therapy

John: (Age 15):

Attends Southern Home for
Children Private School daily.

Additional Program:
Monday A.M. - 1/2 hour
Social Work Service
Wednesday P.M. - 1/2 hour
Social Work Service
Friday - 1 hour small group
P.M. meeting

Mother:

Home Management Specialist
visits the home for a 1
hour minimum Tuesday and
Thursday.

Mother meets with Home Manager
Specialist at North Branch
on Wednesday A.M. for V.I.P.
(Very Important Parents)
support group.

Ronald and Mother:
Meet together 1 hour with
Social Worker on a bi-weekly
basis.

Mother, Father, Sister,
Brother and John:

Family meets with Social Worker
weekly for one hour family
treatment session.

As indicated previously, SCILSE Programming is characterized by its almost infinite flexibility. Each SCILSE identified child client and his/her parent(s) draw on the total Agency resources to meet need as indicated. John was initially programmed to attend a one-half day SCILSE group. Additional data gained from his psychological/educational evaluation, input from school personnel and from his family indicated that he would gain from enrollment in the Southern Home for Children Private School as a means to overcome his school phobia. Short-term goal is to reawaken John's interest in school, provide remedial help with his learning disability. Longer-range goal for John would be to gradually mainsteam him back into a local school.

HOME MANAGEMENT SERVICES

Home Management Services were instituted by Southern Home for Children in May, 1976, following receipt of a grant from the United Way of Greater Philadelphia. Expansion was enabled through a gift from the William Penn Foundation and continuation has been possible through a second United Way grant and inclusion of the service in the cost of all Agency programs.

This service was conceived by the Agency Executive Director as a continuation of the Agency's family focus in treatment and as an addition to and enrichment of its psychiatric resources. Through the development of this service, the Agency can attend to such social and environmental factors as poverty, poor housing, and unemployment which are often of primary importance in family disorganization and disintegration, and are all too often ignored by treatment agencies. Many Southern Home for Children families are unable to take part in meetings and activities, and participate in family therapy, not because of "resistance" to change in a psychoanalytic sense, but due to preoccupation with overwhelming subsistence issues. The Home Management Service addresses the situation at the lowest level of need to deal with such concerns as food, housing, health, and income so that, in many cases, parents may turn their attention to higher level needs through more traditional therapeutic modalities.

Home Management Specialists (HMS) are not homemakers or health aides. Home Management Specialists teach, support, and motivate the caretakers with whom they work. For our very severely deprived parents, HMS often provides a maternal type of concern, acceptance and nurturance which may have been lacking in their lives. HMS are in a most important sense enablers who whenever possible do <u>with</u> rather than <u>for</u> their clients. The focus is always on assisting the client to sustain and develop knowledge and skills which lead to independent, mentally healthy functioning.

Each HMS is assigned to an average of nine active cases. They spend approximately three hours per week minimum with a family in their own home and community. Time spent with a family may be used in such activities as helping to define a caretaker's life goals, demonstrating and participating in the exercise of child and household management skills, in disciplining children, budgeting money, writing shopping lists, purchasing and preparing food, searching for more suitable housing, applying for employment, or meeting with staff from other agencies regarding benefits to which the client may be entitled.

The "family treatment team" of social worker and HMS is introduced to every SCILSE family at the time of the initial intake screening. Cases in which a serious need is identified during the screening, can be assigned a HMS even before the formal social work screening takes place.

Home Management staff are very special people. They are carefully chosen to embody a unique combination of skills in child and household management, and knowledge of and expertise in using community resources. In every case Home Management staff are over 30 years old. All have raised children of their own and most have experienced the emotional tragedy of separation of divorce. All but two home management staff members are black, as are 89% of the Agency's families. One is Spanish-speaking and works primarily with the Agency's

Spanish speaking clients. Several home management staff are parents of children who have successfully completed a course of treatment for emotional disturbances.

Many of the home management staff have received supplemental income benefits, several have lived in public housing, and all have endured discrimination and the hardships of urban life. Most important, they have overcome burdens and barriers and have learned to manipulate the "system" in their own behalf and in behalf of others. Home management staff come to their jobs with previous experience with the Model Cities Program and the Welfare Rights Organization, and following work in mental health counseling, child care and homemaking positions.

The home management staff is an integral part of the Southern Home for Children treatment team. Supervision on each case is provided by the social worker who coordinates all services provided the child and family and by home management supervisory staff. Self-carbonized progress notes written after each home management contact apprise social workers of case developments between periodic collaborative sessions. Home management staff present reports in regular intake and progress evaluation conferences attended by all clinical staff working with a particular child and family.

To date, the home management service has worked with over 200 families and over 1,200 family members. Achievements can be measured both in thousands of dollars of benefits obtained for parents and children and in warmth, acceptance, and increased self-esteem felt by formerly alienated parents. Day Care Centers have been found for toddlers while mothers attended GED classes, training sessions or worked at new jobs. Several mothers have enrolled in college following receipts of their GED's. SSI, VA, DPA and Food Stamp payments have been granted or increased with the assistance of home management staff, better housing has been located, and rent supplement payments have been obtained. Parents have begun to assume the competent authority roles which provide their children with the direction and support necessary for mentally healthy growth and development.

HOME MANAGEMENT SPECIALIST CASE EXAMPLES

The Home Management Specialist became involved with the "B" family at the request of the Southern Home for Children line staff social worker. Ms. "B" had missed several scheduled appointments at the Agency and the home situation was so chaotic that the social worker was unable to obtain a social history and other needed information during specially scheduled home visits. Prior to the existence of the Home Management Service, the case would have been closed, due to the inability of the family to complete the necessary bureaucratic procedures.

Following assignment of a Home Management Specialist, on several earlier occasions Mrs. "B" was not home when attempts were made to visit her. However, a relationship of trust gradually developed and the Home Management Specialist was able to bring both Ms. "B" and Robert to the Agency to complete the evaluation. On one home visit, the Home Management Specialist unexpectedly accompanied Ms. "B" to a juvenile court hearing at which "J", "R"'s brother (9) was committed to a juvenile detention center following his fifth arrest for burglary. Notified the next day by the Home Management Specialist, the Agency social worker contacted the court and developed an alternative plan for "J" which enabled the Agency to work with the entire family. "R" now attends the Southern Home for Children SCILSE program; "J" is temporarily placed in a Southern Home for Children affiliated community group care facility while receiving psychiatric services from Agency staff. The social work/home management specialist team continues to assist Ms. "B" with her poor health, alcoholism, and inadequate ability to manage her children. "J" will return home upon the recommendation of the Agency with the permission of the court once his home situation is sufficiently strengthened.

* * * * * * * * * * * * * * * * * * *

On February 1, Home Management Specialist made regularly scheduled visits to the "H" family. She found that Ms. "H" was hospitalized on January 29th due to a suicide attempt. The oldest child, age 15, had been supervising the three younger "H" children since mother's absence from the home. The Home Management Specialist called her department Director about this situation. It was decided that the children needed adult supervision and that additional information regarding Ms. "H" condition was needed in order to develop a plan for this family.

The Home Management Department Director contacted Ms. "H". Her concerns were primarily based around keeping her children together and <u>not</u> having them placed outside of the home. Ms. "H" felt she would be ready to fully assume her parental responsibilities upon release from the hospital on February 3.

This case emergency was discussed with other relevant Southern Home for Children Directors and primary treatment staff to determine the degree of involvement the Agency should practically and morally provide to this family. The following schedule for supervision of the "H" children was discussed and immediately agreed upon:

February 1	Home Management Department	5:00 pm - 6:30 pm
February 1	Child Care Department	6:30 pm - 6:00 am
February 2	Home Management Department	6:00 am - 4:00 pm
February 2	Home Management Department	4:00 pm - 11:00 pm
February 2-3	Child Care Department	11:00 pm - 9:00 am

On February 3, re-evaluation would take place.

Additionally, emergency food was secured February 1, for this family via community resource system. It was noted there was no telephone and no physical security to this home.

THE VERY IMPORTANT PARENTS (V. I. P.) GROUP

The Very Important Parents Group began in March, 1978 in response to Home Management Department identification of "reclusive adults"; those who appeared to have few friends and minimal social connections. The V.I.P.'s meet weekly at Southern Home for Children North Branch office. Babysitting services are available on the premises, or the Agency will provide up to $6.00 per session for those parents who attend the group but choose to leave younger children at home. Lunch is served.

The emphasis of the group is on self-help and self-supporting group activities. Trips to Atlantic City, New York City, Philadelphia theaters, have been planned and successfully carried out through group members' fund raising efforts. Raffles, a rummage sale, candy sale and covered dish supper are some examples of V.I.P. group effort. Additionally, speakers are provided to discuss topics of interest: "Women in Transition"; Southern Home staff presentation "Dealing with Issues Related to the Female Body", (hygiene, birth control); "Wife Abuse and the Locations of Shelters for Battered Women"; "How to Get Your Own Divorce"; "Common Law Marriage"; "Children and Communication - How to React When Angry", are some examples.

The participants are interested in various trips. They enjoy being out of the house and with other parents. They feel free to discuss their problems because they know the parents have something in common with them and they can relate to one another.

SOUTHERN HOME FOR CHILDREN

BUDGET FOR S.C.I.L.S.E. SERVICES FOR 200 CHILDREN AT TWO SITES

Staff Salaries	Cost
1 Director of Day Treatment	$ 20,591
2 Unit Directors (Social Work Supervisors)	28,000
2 Secretaries	16,640
1 Bookkeeper	10,500
1 Art Therapist	11,500
3 Creative Activities Workers	33,000
8 Child Care Workers	67,414
2 Child Care Supervisors	22,000
12 Substitute Child Care Workers	4,680
1 Cook	9,996
1 Assistant Cook	7,500
2 Kitchen Helpers	12,480
2 Substitute Kitchen Helpers	440
6 Social Workers	76,626
5 Home Management Specialists	44,925
2 Youth Counselors	18,700
1 Home Management Supervisor	11,450
1 Vocational Counselor	13,500
1 Sexual Growth and Development Specialist	11,500
2 Drivers	12,756
2 Building Service Employees	14,246
2 Substitute Drivers	440
2 Substitute Building Service Employees	660
Total	$449,544
+ Fringe	89,764
Salaries + Fringe	$539,308

FRINGE BENEFITS:

Social Security (FICA)	
@ .0605 of each employee's first $17,700	
(.0605 x $446,653)	$27,023
Worker's Compensation	
@.0315 per each $100 of total salaries and wages	
(.0315 x $449,544)	14,161
Unemployment Compensation	
@.019 of each employee's first $6,000	
(.019 x $270,220)	5,134
Health Insurance	
Blue Cross, Blue Shield, Major Medical	
@ .021 of full-time salaries and wages	
(.021 x $443,334)	9,310
Life Insurance	
N/A (Included in Retirement)	-0-
Retirement (Including Diability Plan)	
@ .077 of full-time salaries and wages	
(.077 x $443,334)	34,136
	$89,764

BUDGET (Continued)

Non-Salary Items	Cost
Office Equipment to be Purchased:	
2 Olivetti Typewriters	$ 1,400
2 Dictaphone Transcribers	1,000
2 Casette Recorders	100
1 Calculator	150
Copying Machine	4,000
Gestetner Machine	300
Total	$ 6,950
Telephone Installation	1,000
Telephone Use ($1200/month x 12 months)	14,400
Postage and Freight ($164/month x 12 months)	1,968
Liability Insurance ($12.50/child x 100 children)	12,500
Office Supplies ($292/month x 12 months)	2,504
Printing and Reproduction	1,500
Staff Travel - Local	
Social Work Travel (6 x 15.36 mi./day x 250 days x $ .15/mile)	3,456
Home Management Travel ($45/month x 12 months x 7 staff)	3,780
Equipment Repair and Rental ($106/month for 12 months)	1,272
Maintenance on Buildings and Grounds ($318/month for 12 months)	3,816
Utilities	24,744
Property Insurance	1,500
Custodial Supplies	2,280
Educational and Recreational Supplies ($636/month for 12 months)	7,632
Educational and Recreational Equipment to be Purchased	
Classroom Equipment	5,000
Creative Activity Equipment	4,000

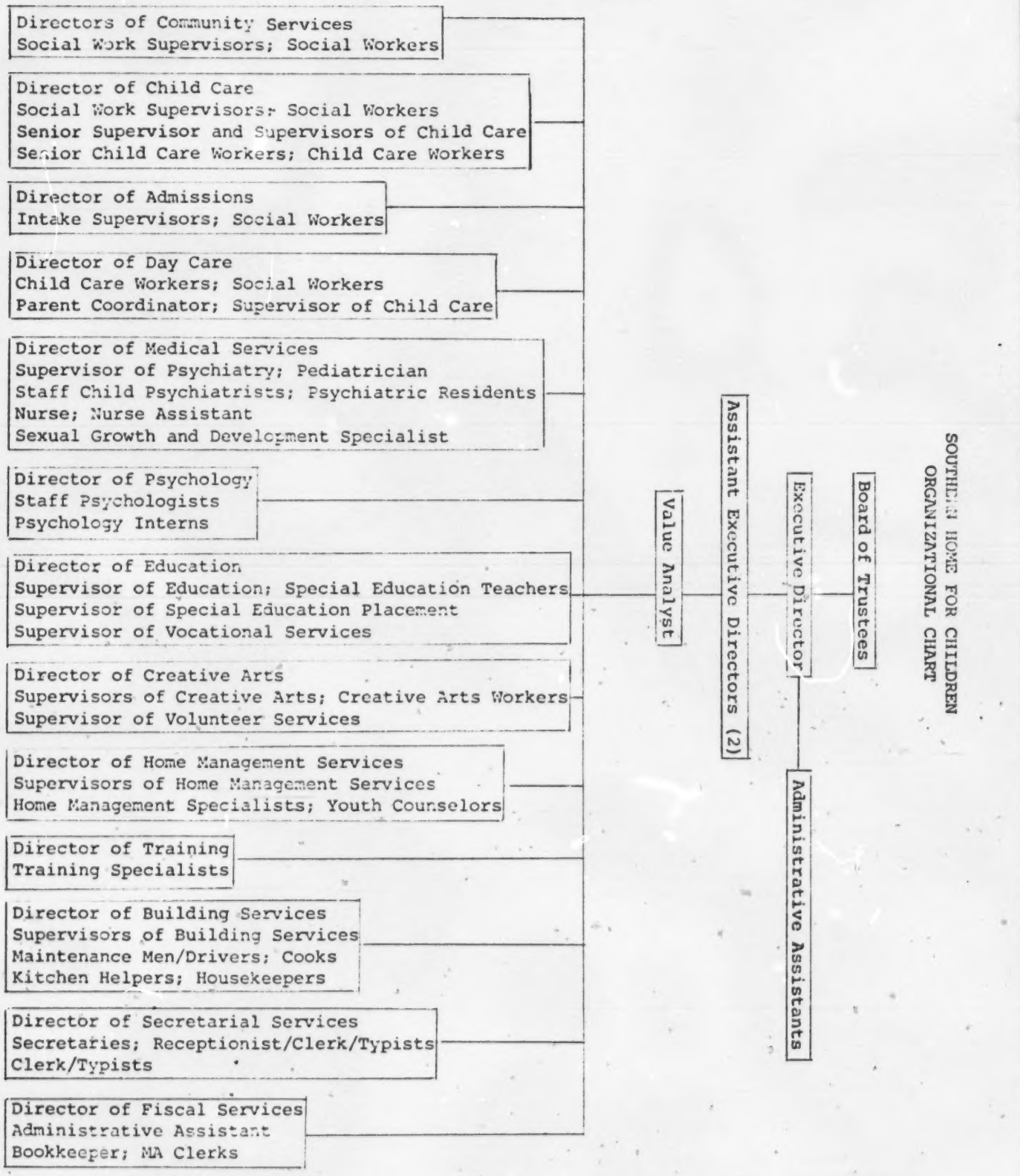
BUDGET (Continued)

Non-Salary Items	Cost
Field Trips	$ 2,200
Food Supplies	15,500
Other Operating Expenses	
Cleaning Supplies	1,664
Food Service Supplies ($160/month x 12 months)	1,920
Parental Participation ($400/month x 12 months)	4,800
Transportation of Client Cost Center Tokens	4,800
Maintenance and Operation of Motor Vehicles ($636/month x 12 months)	7,632
Purchase of 15 Passenger Van	9,000
Automobile Insurance ($280/month x 12 months)	3,360
Health Cost Center Health Supplies	500
Total	$146,678
Total Program Cost	$685,986
Cost Per Child Per Year	$ 3,430
Cost Per Child Per Day	$ 13.72

ORGANIZATIONAL CHART

MAJOR PROGRAM COMPONENTS AND JOB DESCRIPTIONS

It is suggested to the reader in evaluating the following organizational chart and in reading Major Program Components and Job Descriptions that it be kept in mind that the Southern Home for Children hosts more than one major program. The basic organizational structure is shared by all programs and staff requirements, qualifications and functions are identical in each, including S.C.I.L.S.E.


SOUTHERN HOME FOR CHILDREN
ORGANIZATIONAL CHART
Board of Trustees
Executive Director
Administrative Assistants
Assistant Executive Directors (2)
Value Analyst
Directors of Community Services
Social Work Supervisors; Social Workers
Director of Child Care
Social Work Supervisors; Social Workers
Senior Supervisor and Supervisors of Child Care
Senior Child Care Workers; Child Care Workers
Director of Admissions
Intake Supervisors; Social Workers
Director of Day Care
Child Care Workers; Social Workers
Parent Coordinator; Supervisor of Child Care
Director of Medical Services
Supervisor of Psychiatry; Pediatrician
Staff Child Psychiatrists; Psychiatric Residents
Nurse; Nurse Assistant
Sexual Growth and Development Specialist
Director of Psychology
Staff Psychologists
Psychology Interns
Director of Education
Supervisor of Education; Special Education Teachers
Supervisor of Special Education Placement
Supervisor of Vocational Services
Director of Creative Arts
Supervisors of Creative Arts; Creative Arts Workers
Supervisor of Volunteer Services
Director of Home Management Services
Supervisors of Home Management Services
Home Management Specialists; Youth Counselors
Director of Training
Training Specialists
Director of Building Services
Supervisors of Building Services
Maintenance Men/Drivers; Cooks
Kitchen Helpers; Housekeepers
Director of Secretarial Services
Secretaries; Receptionist/Clerk/Typists
Clerk/Typists
Director of Fiscal Services
Administrative Assistant
Bookkeeper; MA Clerks

JOB DESCRIPTIONS

The nature of human service endeavors in a voluntary agency and sound administrative practice determine that there is and should be overlap and flexibility in job functions. The job descriptions which follow are not intended to be precise nor all-inclusive. Actual assignments include specific duties mentioned but are not limited to them.

TREATMENT STAFF

EXECUTIVE MANAGEMENT

Executive Director: is responsible for all functions of the Agency; represents the Agency to the community, employs and discharges all staff members; admits and discharges and provides for the care and treatment of all children; makes all customary expenditures within the limits of the budget; supervises the Assistant Executive Directors and the Value Analyst and through them the directors of all departments and programs; makes reports to the Board of Trustees at its meetings and attends the meetings of the standing committees and of other committees designated by the Board of Trustees; requires MSW, extensive administrative experience, direct service experience with emotionally disturbed children and their families, and expertise in a wide range of fiscal and managerial areas.

Assistant Executive Director: works under the leadership of the Executive Director and assists him in the fulfillment of his overall responsibility for the functioning of the Agency; in his absence, acts as Executive Director in the performance of necessary functions; facilitates provision of service and development of programs through direct supervision of the Value Analyst and directors of all departments and programs; requires MSW, extensive senior administrative experience and direct experience serving emotionally disturbed children and their families.

Value Analyst: works under the leadership of the Executive Director and Assistant Executive Directors to assure the provision of a continuum of quality care and service to children and families; assures quality of service delivery and assists in determining optimum and equitable distribution of workload throughout the Agency; assures timeliness and accuracy of reporting; assures regularity and appropriateness of material covered at department and program collaborative meetings; assures quality of content and presentation of training sessions; serves as consultant to administrative staff on program planning and service delivery; evaluates and determines client satisfaction with care and treatment; requires MSW and extensive direct service and administrative experience in a child welfare setting for emotionally disturbed children and their families.

TREATMENT STAFF

SENIOR MANAGEMENT

Director of Child Care: under the leadership of Executive Management, carries administrative responsibility for the provision of child care for the children in all Agency programs; assures a safe, attractive environment, nutritious food, and adequate clothing for children in placement; coordinates Agency security measures; helps coordinate provision of transportation for children and families and supervises use of Agency vehicles by staff; coordinates training and supervision of child care workers and Community Home Parents; collaborates with all clinical treatment staff, especially social work directors and the Directors of Creative Arts and Education, to optimize therapeutic programming; supervises Senior Supervisor and Supervisors of Child Care; carries administrative responsibility for the identification of and programming for children receiving Services in Counseling/Intervention and Life Skills Education (SCILSE); supervises the Assistant Director of SCILSE; oversees completion and submission of records and reports to funding bodies; assures appropriate combinations and frequency of service provision; schedules and oversees clinical conferences; supervises assigned Social Work Supervisors in all aspects of case management; requires MSW and considerable direct service, administrative and supervisory experience in a setting serving emotionally disturbed children and their families.

Director of Community Treatment: under the leadership of Executive Management, supervises Social Work Supervisors in case-management responsibilities. Carries on-call responsibility for emergencies at all times and sometimes shares a regularly scheduled rotation; collaborates with Director of Admissions regarding placement of children in suitable community residential settings; if necessary coordinates clinical conferences and service delivery; requires MSW, administrative experience in treatment of emotionally disturbed children, and direct experience and expertise in handling aggressive, acting-out children and their families.

Director of Admissions: under the leadership of Executive Management, coordinates the flow of children and families through the evaluation process and into various Agency programs in conjunction with the Directors of Secretarial and Fiscal Services oversees initial information-gathering and record-assembly; collaborates with Directors of Psychiatry and Psychology to assure screening of children by their respective staff on a timely basis; monitors review of children and families in intake by the admissions committee, assignment of children to programs, matching of children to Community Home Parents, if necessary; responds to initial referral calls by social work supervisors, and assignment of cases to social workers for screening and service delivery; manages the population list and other statistics-gathering for internal Agency purposes; prepares reports to government agencies and other organizations for survey purposes; provides verbal and written information about the Agency to funding and other referring agencies; holds major responsibility for communication with funding bodies regarding approval of children for admission and funding; requires MSW, supervisory and administrative experience, leadership ability and direct service experience with emotionally disturbed children and their families.

Director of Home Management Services: under the leadership of Executive Management, identifies and assigns Home Management cases, monitors caseload size and determines need for additional staff, guides development of group services to adolescent boys and girls and parents; supervises Supervisors of Home Management Services; conducts regular department meetings and in-service training; acts as liason between Home Management and Social Work and other department and program personnel; requires masters degree in appropriate human service field, supervisory and administrative experience, and experience in direct service to emotionally disturbed children and families.

Director of Education: under the leadership of Executive Management, carries responsibility for planning overall educational and vocational programming for the Agency, including the private school; serves as administrative liason with the State and City Boards of Education and with the State Board of Private Academic Schools; supervises the Supervisor of Education, the Supervisor of Special Education Placement, the Supervisor of Vocational Services, and other Educational or Vocational Project Supervisors; collaborates with the Directors of Child Care and Creative Arts and the various Social Work Directors to assure the delivery of educational services individually and in the context of day services to all Agency children; develops curricula; prepares appropriate educational proposals as needed to secure funding; oversees ordering of supplies and maintenance of educational equipment; requires masters degree in Education and supervisory credentials, extensive supervisory and administrative experience, and direct experience with emotionally disturbed children in a classroom setting.

Director of Creative Arts: under the leadership of Executive Management, carries overall administrative responsibility for the Creative Arts Department; supervises the Supervisors of Creative Arts and the art, music, movement, and speech therapists; collaborates closely with the Directors of Child Care and Education and with the various Social Work Directors to asssure the appropriate provision of creative arts services to children in the various day programs; under the leadership of the Director of Child Care, assists in carrying out the administrative responsibility for the identification of and programming for children receiving Services in Counseling/Intervention and Life Skills Education; requires masters degree in an appropriate human services field, supervisory and administrative experience, and direct experience working with emotionally disturbed children and families.

Director of Medical Services: under the leadership of Executive Management, supervises staff psychiatrists, the pediatrician, psychiatric residents, and social workers, and carries overall responsibility for the treatment of all Agency clients; oversees evaluation, consultation and regulation of medication for especially severely disturbed clients, chairs department meetings and co-chairs clinical conferences; collaborates with the Director of Admissions and other administrators to assure sufficient coverage of Agency needs for psychiatric time; oversees physical examination scheduling for Agency clients and staff, the dental contract, and the EPSDT screening and billing system; requires MD, completion of an accredited training program in child psychiatry , and experience with emotionally disturbed children and families.

Director of Psychology: under the leadership of Executive Management, supervises staff psychologists and psychology interns; chairs department meetings; provides leadership in screening interviews, provides consultation on diagnostic and educational issues; performs diagnostic psychoeducational testing, makes presentations at clinical conferences; collaborates in development of intake procedures, uniform standards, and overall Agency programming; requires Ph.D. in psychology, experience performing psychological and educational evaluations of emotionally disturbed children, and experience supervising staff evaluating and working with emotionally disturbed children.

Director of Training: under the supervision of Executive Management, serves as administrator of the Southern Home for Children Training Institute; oversees the analysis of individual and Agency training needs; designs, researches theoretical background material for and coordinates presentation of courses, supervises senior staff member trainers; coordinates staff participation in outside confreences; coordinates placement and supervision of students from area colleges and universities; carries responsibility for leadership in some courses and seminars; works with area colleges and universities and other funding bodies to obtain funding, accreditation and support for Training Institute courses; requires administrative experience and expertise, training experience, experience working with emotionally disturbed children and families, and a masters degree in an appropriate human services field.

TREATMENT STAFF

MIDDLE MANAGEMENT

Supervisor of Creative Arts: under the leadership of the Director of Creative Arts, carries middle management responsibility for supervision of a number of creative arts specialists and administrative responsibility for scheduling and programming for an Agency location; carries responsibility for a varying amount of direct service provision; orders supplies and maintains equipment and supplies for distribution to creative arts specialists and chld care staff; requires a bachelors degree in an appropriate human service field experience working with emotionally disturbed children in non-verbal therapeutic activities, and recognized leadership ability.

Social Work Supervisor: under the leadership of a "Social Work Director", supervises line social workers in all aspects of case management including development of treatment goals, direct provision of group, individual and family therapy, coordination of other treatment staff serving children and families, and record-keeping; co-chairs clinical conferences; carries responsibility for regular on-call rotation; takes initial phone referral information for all new cases and assigns new cases equitably to line staff for screening and subsequent services; requires MSW, leadership ability, and experience providing direct service to emotionally disturbed children and families.

Supervisor of Special Education Placement: under the leadership of the Director of Education, assures that the process of psychoeducational evaluation, development of an Individualized Education Program, and educational placement is carried out in a timely and efficient manner which appropriately meets the educational needs of each child; writes IEP's when necessary. collaborates internally with appropriate staff and externally with Board of Education Staff as necessary to assure effective and necessary participation in the planning process; conducts IEP meetings at the Agency; requires masters degree in reading or special education and experience working directly with emotionally disturbed children in a multi-function setting.

Supervisor of Education: under the leadership of the Director of Education, supervises Private Academic School programming and discipline; supervises classroom and resource room teachers individually and in groups regarding curriculum and control of children; oversees ordering, distribution and inventory of educational supplies and materials; requires masters degree in counseling or education, recognized leadership ability, and experience working directly with emotionally disturbed children in a multi-function setting.

Senior Supervisor of Child Care: under the leadership of the Director of Child Care, assists in assuring the management of and provision of care for children in the day service program at headquarters and branch offices; carries major responsibility for supervision and development of the Child Care Consultation and Education Unit, and for training child care workers both formally and informally; supervises senior child care workers; handles on-going problems with disruptive children; collaborates with social work, creative arts, education, and other treatment staff in provision of programming for and management of children; requires bachelors degree or the equivalent and extensive experience in supervision of child care workers serving emotionally disturbed children in a variety of settings.

Senior Child Care Worker: under the leadership of the Supervisor of Child Care, supervises child care workers in the education, and day service units to assure provision of adequate staff coverage and child care; supervises logging of daily behavior and significant events; carries leadership role in programming and collaboration with all other treatment staff; in conjunction with Director of Child Care and Social Work staff may assign line child care workers to provide primary counseling services to individual children; requires high school diploma or the equivalent, two years child care experience with emotionally disturbed children, and evidence of leadership ability.

Supervisor of Volunteers: under the leadership of the Director of Creative Arts and various other department and program directors, carries responsibility for the development and implementation of the Agency volunteer program; recruits, screens, orients, and oversees supervision and training of volunteers; collaborates with all treatment and operational staff regarding identification of Agency needs and optimum meshing of volunteer skills with Agency functions; assist in obtaining in-kind donations of products needed in Agency programs; maintains relationships with community agencies promoting formalized programs of volunteerism; assist Director of Training in obtaining student placements and in administration of such placement; requires a bachelors degree in a human service field, a background in volunteer service and an ability to meet and deal with the public.

Supervisor of Home Management Services: assists Director of Home Management Services in case assignment and clinical and administrative supervision of Home Management staff through individual supervisory conferences in which cases are discussed and progress notes reviewed; monitors report writing for timeliness and appropriateness of material covered; oversees record-keeping; assists Home Management line staff in collaboration with other Agency staff and in their contacts with community agencies and institutions in behalf of client families; requires advanced degree with extensive experience in the human service field, recognized expertise, and leadership ability.

Supervisor of Child Care: under the leadership of the Director of Child Care and the Senior Supervisor of Child Care, assists in assuring management of and provision of care for children in day service programs at headquarters and branch offices; supervises child care workers individually in programming, management techniques, and record-keeping; assists in assuring coverage of all children's groups and individual children in all time slots; handles problems with disruptive children; monitors use of Agency vehicles; may arrange and coordinate transportation for children to and from programs and school or home; collaborates with other treatment staff in the provision of service to and management of children; requires bachelors degree or the equivalent and at least one year's supervisory child care experience with emotionally disturbed children in a multi-function setting.

Supervisor of Vocational Services: under the leadership of the Director of Education, works in collaboration with social work staff to identify vocational interests and aptitudes in older adolescents; effects admission into community training programs for youngsters able to use traditional settings; coordinates Agency Supportive Vocational Placement Program through relationships with community employers and Southern Home support staff; conducts work preparation group training sessions and offers appropriate individual counseling and support to youngsters on work-related issues; requires masters degree in appropriate human service field, related vocational placement experience, and expertise in working with emotionally disturbed adolescents.

Supervisor of Psychiatry: under the leadership of the Director of Medical Services, assists in the supervision of staff psychiatrists, psychiatric residents, and social workers; assures the provision of evaluation, consultation, medication regulation and supervisory services by psychiatric staff; schedules and chairs clinical conferences; shares on-call duty; teaches Training Institute courses to staff from Southern Home and other agencies; requires MD, successful completion of an accredited training program in child psychiatry, and experience working with supervising staff who work with emotionally disturbed children and families.

TREATMENT STAFF

LINE STAFF

Social Worker: under the leadership of Supervisor of Social Work, carries primary responsibility for coordination of all personnel delivering service to a child and family; provides individual, group, and family therapy as needed to children and families under the supervision of a staff child psychiatrist and the Supervisor of Social Work; gathers social histories on newly referred children and families and supervises the progress of new cases through the evaluation process; prepares written and delivers oral intake evaluation and progress review reports; maintains approprite daily and monthly service delivery records; collaborates with Community Home Parents and appropriate Agency staff members in developing and implementing treatment plans; educates and serves as consultant and support to Community Home Parents as they deal with youngsters in their care; collaborates with community agencies such as courts and schools on behalf of the child and family; participates in clinical and administrative staff conferences and meetings; attends relevant Institute workshops and seminars as assigned by Supervisor of Social Work; sometimes supervises graduate and undergraduate social work students; requires MSW from a school of social work accredited by the Council on Social Work Education, a valid driver's license, and access to a vehicle.

Child Care Worker (Educational, Day Care and Day Service Units): under the leadership of the Supervisor of Child Care assures the care, supervision and control of all children in Agency programs including those in transit from and to home and school and from and to various treatment sessions within the confines of the Agency; carries responsibility for specific groups of children serviced at headquarters and branch offices; plans and carries out special arts and crafts and life skills educational assignments according to individual talents, the needs of the children and the needs of the program; reports to social workers regarding children's attendance, participation, and behavior; collaborates on program changes and scheduling of daily activities; requires high school diploma or the equivalent, associates degree, or bachelors degree and appropriate experience working with children.

Staff Child Psychiatrist: under the supervision of the Director of Medical Services or his designee, the Supervisor of Psychiatry, evaluates and diagnoses children on a regular basis at the time of referral to an Agency program and at least twice annually thereafter; prescribes medication and provides frequent consultation for severely disturbed children; serves as consultant and evaluator of troubled parents; chairs or co-chairs clinical conferences; clinically supervises social workers and oversees treatment of their caseloads; performs direct treatment services in individual, group and/or family modalities as time, interest, and need dictate; keeps appropriate records and prepares reports; requires MD, completion of an accredited program in child psychiatry and experience with and knowledge of emotionally troubled school age children and their families.

Psychiatric Resident: under the supervision of the Director of Medical Services or his designee, the Supervisor of Psychiatry, evaluates and diagnoses children referred for treatment at the Agency and those whose progress is under review; serves as consultant to one or more Agency programs; presents findings at clinical conferences; supervises medication of severely disturbed children; may supervise social workers in clinical understanding and management of children on their caseloads; may evaluate troubled adult caretakers; keeps appropriate records; performs direct treatment services to children and families as time, interest, and need dictate; requires MD, enrollment in an affiliated school of medicine child psychiatry training program, and a Pennsylvania license to practice medicine and surgery.

Staff Psychologist: under the supervision of the Director of Psychology, participates in screenings and administers psychological and educational diagnostic tests in primary role as member of the evaluation team; prepares reports and presents findings at intake and progress review clinical conferences; participates actively in IEP conferences for children in the Southern Home for Children Private Academic School; acts as consultant to one or several Agency programs; carries individual, group, or family therapy assignments or teaches Training Institute courses as time and interest permit; requires Ph.D. in psychology, School Psychologist certification, and experience and expertise in evaluating and working with emotionally disturbed children.

Pediatrician: under the leadership of the Director of Medical Services, supervises nurse and nurse assistant; provides twenty-four hour/day consultation and onsite coverage for routine medical matters; performs initial and yearly physicals for all children and a limited number of staff; directs referral of children for specialized care; oversees provision of in-patient care to Agency clients in need of hospitalization; provides identification of conditions requiring treatment; monitors EPSDT billing system; acts as consultant to child care and other treatment staff in the special management of physically ill children or those who may experience side effects of medication; requires MD, completion of an accredited residency program in pediatrics, and experience treating emotionally disturbed children in a multi-function setting.

Special Education Teacher: under the leadership of the Director of Education and his designees, the Supervisor of Education and the Supervisor of Special Education Placement, provides private school classroom, resource room, and individual instruction in all subjects; develops curricula and manages children in the psychoeducational setting; participates in team meetings regarding progress of individual children and development of individual educational programs for each child in the private academic school; maintains records regarding attendance and achievement; performs selected diagnostic tests under the supervision of the psychologist; requires either bachelors or masters degree with certification in special education and experience in working with socially and emotionally maladjusted children in classroom and tutorial settings.

Creative Arts Worker: under the leadership of the Director of Creative Arts and her designee, the Supervisor of Creative Arts, carries direct responsibility for implementing daily therapy and/or activity programs in such designated areas as art, music, movement, and speech therapy, art, arts and crafts, dance, games, athletics, woodworking and aquatics; collaborates regularly with child care, social work and education staff regarding management and treatment of children and families; makes written and verbal presentations in clinical conferences where appropriate; maintains appropriate records of service delivery; requires a bachelors degree in an appropriate human service field with experience working with emotionally disturbed or normal children in groups and individually or a masters degree in an appropriate therapeutic modality with experience working with emotionally disturbed children.

Home Management Specialist: under the leadership of the Director of Home Management Services and his designee, the Supervisor of Home Management Services and under the coordination of the social worker assigned to individual families, works in the home and community with social agencies in behalf of families which have at least one emotionally disturbed child; aims to reduce the stress experienced by a family due to reality problems and/or lack of capacity or preparation for parenthood; sustains and strengthens parental ability; collaborates regularly with all staff working with a child and family; participates in clinical conferences; attends individualized combinations of Institute courses; maintains appropriate daily, monthly and semi-yearly records or service delivery; conducts group activity/therapy groups for parents and adolescent boys and girls; requires high school diploma and relevant experience and expertise in dealing with parents, children and community agencies.

Youth Counselor: under the leadership of the Director of Home Management Services and his designee, the Supervisor of Home Management Services, works in collaboration with Social Workers and Home Management Specialists with older adolescent clients preparing for independent living, siblings of identified child clients, and fathers and father-figures in Agency families; serves as a role model and motivator; coordinates special group programs in survival skills; collaborates with other treatment staff in developing programs for individual children and families; participates in clinical conferences; attends individualized combinations of Institute courses; maintains appropriate daily, monthly, and semi-yearly records of service delivery; requires high school diploma and experience and recognized ability in working with emotionally disturbed children and their families.

Sexual Growth and Development Specialist: under the leadership of the Director of Medical Services and his designee, the Supervisor of Social Work, provides direct individual and group counseling to children and families in the area of sexual growth and development, family planning, and social health coordinates services given by others in this area; serves as consultant to other staff and Community Home Parents and leads training sessions on the subject; in conjunction with nurse and pediatrician coordinates and supports children's gynecological, obstetrical or social health services; maintains appropriate records of service delivery; requires bachelors degree in related human service field and experience with children and sexual growth and development counseling.

Nurse: under the supervision of the Director of Medical Services and his designee, the pediatrician, conducts daily "sick call" for routine management of minor ailment of children in campus programs; provides acute care in emergency situations and arranges transfer of seriously injured or ill children and staff to hospital facilities; on instruction by pediatrician, refers children to specialized care where indicated; assists with yearly physicals of selected staff and Community Home Parents, and children in all Agency programs; handles EPSDT billing system; provides consultation to and supervision of child care workers regarding special management of physically ill children and the possible side effects of medication; requires R.N. and some experience and expertise in working with physically ill and well emotionally disturbed children.

Foster Grandparents: In conjunction with paid Southern Home for Children staff, volunteer Foster Grandparents provide an important adjunct to treatment. The Foster Grandparent Association trains retired men and women to deal with children in one-to-one and group situations. Foster grandparents serve as a backup person to child care workers and provide "T.L.C." (tender,loving care) to our needy children.

The organization began its association with Southern Home for Children in June, 1977. The first group consisted of ten grandparents (eight of which who are still associated with our children) and today provides approximately twenty-two people to the Agency.

MAJOR PROGRAM COMPONENTS

PSYCHIATRY DEPARTMENT

Child psychiatrists evaluate and diagnose all young clients and appropriate members of their families on a regular basis, at the time of referral to the Agency, and frequently thereafter. They prescribe medication where indicated, and provide frequent consultation for an increasing number of severely disturbed youngsters and caretakers. They supervise social workers individually and all other departments in groups weekly, chair clinical conferences, teach Training Institute courses, and provide direct individual, group, and family treatment services for youngsters and families as time, interest and need dictate.

PSYCHOLOGY DEPARTMENT

Psychologists participate actively in initial screenings and administer initial and periodic psychological and educational tests in their primary role as members of the intake team. They act as consultants to one or more Agency programs, and like Agency psychiatrists, teach Institute Training courses and carry individual, group, or family asisgnments as time, interest, and need dictate.

SOCIAL WORK SERVICES

MSW social workers carry responsibility for coordination of all personnel delivering service to youngsters and families. They provide direct individual, group and family therapy as needed by their clients under the supervision of their psychiatric and social work supervisors. They gather social history information on all newly-referred young clients and their families and supervise the progress of clients through their entire course of contact with the Agency from the point of referral through termination, including transfer from one type of service to another, whether the youngster is living with his natural caretakers or in placement. Internal collaboration with other Agency clinical staff and operational staff and external collaboration with community agencies such as courts and schools comprise primary components of the social work task.

TRAINING INSTITUTE

Since January, 1977, the Southern Home for Children Training Institute has made formalized consultation and education available to all staff within the Agency as well as selected staff from other human service agenices throughout the Delaware Valley. Training is conducted for the most part by Southern Home senior clinical staff who have experience and expertise in serving children and families and who often hold teaching positions in area colleges, universities and medical schools.

The Training Institute grew from a need to supplement and reinforce talent and ability brought by new staff not usually trained specifically in working with emotionally disturbed children, and from a feeling of responsibility to share with other agencies knowledge developed from years of experience developing unique programs for a very special population.

CHILD CARE DEPARTMENT

Child care comprises a major component of Agency service for youngsters who remain living with their natural caretakers in their own homes as well as for youngsters in placement. Unique and creative uses of child care staff in group community homes and for individual children during suicidal or destructive periods have provided models for the field to replicate.

In some placement settings, child care workers carry major responsibility for the physical care of the child. All child care workers share responsibility for the environment, equipment and furnishings. Child care workers in programs serving children who remain living in their own homes play an important role in supplementing inadequate parenting when possible and appropriate. All child care workers in all programs handle disruptive behavior and provide an important element in the group milieu through the warm and healthy relationships they develop with young clients. They supervise movement into and out of the building and from one activity to another of those youngsters who come to headquarters and branch offices for service, and they teach life skills to youngsters both informally and in formal sessions as part of a defined treatment program.

The child care education and consultation unit provides instruction in child management and care to Community Home Parents, natural families, and all other clinical staff through formally designed and scheduled courses and through informal consultation on a twenty-four hour basis.

CREATIVE ARTS DEPARTMENT

Formalized in 1976, the Creative Arts Department today performs evaluations and provides group and individual activities and therapies to youngsters and families alike. Areas addressed include art, movement, music and speech therapy, and both basic and advanced instruction in art, arts and crafts, music, dance, cooking, drama, health, woodshop, and social games, as well as intermural and intra-agency athletic activities including swimming, basektball, acrobatics, softball, drill team, and tennis.

Creative Arts activities are designed to provide a variety of outlets for the use of leisure time, and to expose clients to a repertoire of experiences which will prepare them for full participation in society. Non-verbal techniques have proved invaluable for reticent youth and families and are often the primary medium for overcoming pathological behavior. The focus is on providing natural arenas where successful, ego-building experiences can occur with opportunities for modification of previously learned negative behaviors and internalization of positive new behaviors.

Games provide the child with experiences that are essential to creative, social and mental health. Children and adolescents learn cooperation and healthy competition, while enhancing reinforcing decision making and reinforcement of appropriate social behaviors. Creative Arts activities are designed to provide an outlet for appropriate ventilation of hostility/aggression and to encourage tension reduction.

The arts and crafts experience exposes the child to a wide variety of art medias and presents him with a large range of activities. The child is stimulated by paints, fabrics, leather, metal, plastics, wood, clay and papier mache. Given the opportunity and support to create, the child can derive a great deal of satisfaction by completing decorative and useful items. By creating something pleasing to himself and others, the child feels better about himself and becomes motivated to produce again. Many of the arts and crafts productions are used as displays for Halloween, Christmas, in art shows or sold at Southern Home for Children fund-raising bazaars. Children's art works decorate many of the desks (flower arrangements) and offices of administrative and line staff at the Agency.

In Art Therapy, children and adults communicate primarily through such non-verbal modes as graphic imagery, three dimensional clay figures, photographical essays and mural work. Fears, daydreams, conflicts and fantasies are manifested through the child's work. They provide treatment data, as well as being useful to detect signs of psychosis, organic brain syndromes, poor impulse control, drug abuse, self-concept and the quality of interpersonal relationships. As the process of therapy ensues, the adolescent is encouraged to associate to his/her artwork.

Movement, is used by all people as a means of communication and self-expression. The Movement Therapy program at Southern Home for Children focuses on self-expression through movement which is non-threatening, unique to the child, and which enables the child to communicate in non-verbal ways through activities that he/she participates in selecting. Movement therapy promotes an already existing interest in dance, as well as providing remediation where needed. Children who participate in the movement therapy program are evaluated in terms of body coordination, body image (knowledge of body parts and their uses) and other qualities considered to be basic elements of movement. The relationship between therapist and child provides a mechanism for instant feedback as to how interactions affect the responses of others. This relationship also provides a foundation for the addition of alternative resources to the child's movement repertoire which are considered socially appropriate.

Through the use of music, the Music Therapist elicits non-verbal motor, auditory and rhythmic responses from the child in group and individual settings. The music becomes a vehicle for expression as well as an evaluation tool. The Music Therapist employs playing of musical instruments, singing, and rhythmic interactions to assess range of motion, pitch preference, gross and fine motor coordination, rhythmic perceptions, hypertensiveness, breath control, pitch-voice ability, attention span and self-image.

A program of Speech and Language Therapy has been developed at Southern Home for Children to provide screening, diagnostic and therapeutic services to those children exhibiting speech and/or language disorders. Disorders treated include problems with articulation, voice, stuttering, and receptive and expressive language. Therapy is provided on an individual or small group basis and other staff members working with the children are encouraged to become involved by offering reinforcement for changes in communication patterns.

A Communication Skills Program is also being developed to provide supplemental work on verbal expression for children at Southern Home for Children who do not necessarily exhibit any actual speech or language pathology.

HOME MANAGEMENT SERVICES

Since 1976, Home Management Staff have worked with the families of children in all Agency programs in their own homes to support and enable the development and maintenance of child and household management skills and to assist in finding employment, housing and adequate supplemental income benefits. Home Management services were designed as an addition to the rich variety of psychiatric treatment resources already offered by the Agency in recognition that social workers alone could not provide all the services needed by our families since social and environmental factors such as poor housing, inadequate income, unemployment, and inflation are often of primary importance in family breakdown and disintegration.

In addition, through the Home Management Department, Youth Counselors provide life skills education services to older adolescents preparing for independent living, counsel fathers and father-figures regarding their role in the family constellation, and provide role models for client siblings in an attempt to prevent the need for more formalized treatment services.

PRIVATE ACADEMIC SCHOOL

The Southern Home for Children Private Academic School for socially and emotionally maladjusted children was licensed and certified in the Fall of 1976. Although primary emphasis is placed on maintaining participation in community activity, Agency psychoeducational services are provided through the School by carefully selected instructional treatment staff to those severely disturbed children whose needs cannot be met or fully met at this time in a public school setting. The services of special education teachers are currently available to private school students in the classroom and resource room setting six hours daily, and to all Agency children individually and in small groups on a supplemental basis up to several hours each day.

EVALUATION

Research which supports the contention that a highly individualized Program of Service to Children In Their Own Homes can serve to prevent placement and therefore insure a greater probability of permanency in a child's own family was conducted by the Agency in 1975.

The Southern Home Executive Director himself, studied one hundred thirty-four youngsters who were discharged during the four year period from 1971 through 1974 following a period of in-home treatment. The average length of treatment in the Program was 11.2 months.

The study (Spinelli, 1975) was based on utilizing "non-placement after discharge" as the criterion of success. For the one hundred thirty-four youngsters treated and discharged during this period, this program proved to be eighty-four percent successful i.e., eighty-four percent of the children were not placed following discharge. Recent expansion of research efforts (d'Amato, 1979) supports this finding that in-home service deviates placement.

Expansion and addition of Agency services including the Home Management Department, Creative Arts Department, the licensed Private School and Vocational Service have firmly defined the Agency as a multi-function treatment center for emotionally troubled children and their families.

The availability of a further enriched program as described throughout this document has considerably reduced the average length of stay in all agency programs. In 1974, the average length of stay was eighteen months. In 1978, the average length of stay was ten months. This reduction can be contributed in part to the wide array of supportive services now available to children in their own homes. Of one hundred eighty-eight children officially enrolled in the program, as of July 1, 1979, thirty-six are receiving post placement services.

Of significance also is the fact that referring agencies for thirty-five of the one hundred eighty-eight youngsters currently being served originally requested placement yet these children are currently being maintained in their own homes. One hundred seventeen of the one hundred eighty-eight children were referrals directly to the SCILSE program as a method of intervention to avoid placement.

The total figure of the one hundred eighty-eight children currently being served represents three hundred seventy-six percent increase over the number of children being serviced in 1974.

The current major referral funding source reimburses the Agency $8.63 per/day for the entire package of in-home services as compared to $43.26 for children placed outside of their homes.

SOUTHERN HOME FOR CHILDREN

TELEPHONE INTAKE FORM

SOCIAL WORKER_____ DATE_____

NAME OF CHILD_____ MA#_____ D.O.B._____

Child's Address_____

Referred By:_____ Phone #_____

Referring School or Agency (If applicable)_____

Child's School and Grade_____

School Adjustment:

With Peers_____ With Teachers_____ Truancy____

Academic_____ Other Data_____

_____

Prior Placement or Treatment History:

1) Organization_____ Dates_____

Outcome_____

2) Organization_____ Dates_____

Outcome_____

3) Organization_____ Dates_____

Outcome_____

Family Status

1) Constellation Name D.O.B. Address Phone

Mother_____

Father_____

Guardian_____

Siblings:

1)_____

2)_____

3)_____

4)_____

5)_____

6)_____

7)_____

8)_____

Parent's Income_____Source_____MA#_____

Interested Friend or Relative:

Name_____Address_____

Telephone #_____

2) Family Problems and initial needs assessment:_____

_____

_____

_____

_____

_____

3) Child's presenting problems and initial needs assessment:_____

_____

_____

_____

_____

4) Medical Status:_____

Seizures:_____ Allergies:_____

Medication:_____ Reason:_____

Other_____

S. C. I. L. S. E.

INTAKE SUMMARY

I. Identifying Data

Name of Child

Race, religion, birthdate

Family names and birthdates, including siblings

Home address and phone number

Work address and phone number

II. Referral Source and Presenting Problems

III. Description of Child

A. Appearance and carriage

B. Developmental history, including:

1. Medical history and current status
2. School history
3. Highlights of relationships to family members
4. Emergence of problem

IV. Description of Family

A. Family background

B. Present living situation

C. Family participation in treatment and current dynamics

V. Child's Adjustment to Southern Home

A. Relationship with social worker

B. Description of the child's treatment program and the nature of his (or her) adjustment to it.

1. Community invomvement
2. School adjustment
3. Adjustment to living situation
4. Small group participation

VI. Treatment Goals

SOUTHERN HOME FOR CHILDREN

CHILD CARE EVALUATION OF CHILDREN IN INTAKE

Name of Child _____

Name of Worker _____

I Relationship with Peers

(A) Seems comfortable in small group situations _____

(B) Seems uncomfortable in small group situations _____

(C) Reaches out for relationship easily _____

(D) Has difficulty reaching out for relationship _____

(E) Is withdrawn and tends to isolate self _____

(F) Reacts to teasing:

(1) Violently _____

(2) passively _____

(3) with a sense of humor _____

(4) other _____

(G) Is overly physically aggressive _____

Is appropriately physically aggressive _____

Tends to be passive _____

Is extremely passive _____

(H) Tends to be provocative and/or antagonizing _____

II Activities

(A) Seems capable of participating in age appropriate activities _____

(B) Seems to have difficulty participating in age appropriate activities _____

(C) Tends to select activities that are not age appropriate

(1) Below age _____

(2) Above age _____

(D) Can function easily in unsupervised activities _____

(E) Is reliant on supervisor providing structured activity _____

III Relationships with Adults

(A) Appropriately reaches out _____

(B) Enjoys chatting _____

(C) Avoids adults _____

(D) Overdemanding _____

(E) Appropriately gets needs met _____

(F) Overly cooperative _____

(G) Appropriately cooperative _____

(H) Is able to compromise and be flexible _____

(I) Child must have own way _____

(J) Chooses to relate to adults rather than peers _____

IV Hygiene

Excellent _____ Good _____ Poor _____

V Physical Coordination

Excellent _____ Good _____ Poor _____

VI Attention Span and Frustration Tolerance

This child is able to pay attention and concentrate

For long periods of time _____

Average periods of time _____

Very short periods of time _____

VII Special Interests, Talents, Hobbies and Vocational Goals

_____

_____

_____

VIII What do you consider to be the most outstanding strengths or attributes of this child?

_____

_____

_____

_____

IX What part of Southern Home's Program do you feel would best meet this child's needs?

_____

_____

_____

_____

SOUTHERN HOME FOR CHILDREN

EDUCATIONAL DEPARTMENT

INTAKE SCHOOL INFORMATION

NAME:_____ DOB:_____ INTAKE WORKER_____

ADDRESS:_____

I. HISTORY: List all schools attended including current school placement

SCHOOL	PUBLIC OR PRIVATE	GRADE	DATES	REASON FOR CHANGE	OTHER

II. PRESENT SITUATION:

A. Is the child officially enrolled in any school?

YES_____See Question B

NO_____Why not?

B. Is he attending?

YES_____See Question C

NO_____Why not?

C. What type of placement is he enrolled in?

ED, LD, Alternative, vocational resource room, regular classroom, private school, other (specify)

D. Is the present placement satisfactory to him?

_____if no, why not?

To parent or guardian?_____if no, why not?

To school?_____if no, why not?

E. If placement is unsatisfactory, name any action(s) taken toward changing the situation:

III. PLACEMENT ADDRESS:

Is a new placement required?_____

Permanent social worker_____

SOUTHERN HOME FOR CHILDREN - CHILD'S RECORD

NAME:_____ AGE:_____ DOB:_____ DATE COMPLETED:_____ S.W._____

BIRTHPLACE:_____ RELIGION:_____ FAMILY M.A. #:_____

RACE:_____ SEX:_____ M. A. RECIPIENT:_____

ADDRESS (at referral)_____ ADDRESS:_____

HOME ADDRESS(if different): OTHER INSURANCE:

_____ PHONE_____ CO. NAME:_____

SCHOOL LAST ATTENDED:_____ I.D. #:_____

GRADE:_____ DATE:_____ TOTAL FAMILY INCOME:_____

REFERRED BY:_____ SOURCE:_____

ADDRESS:_____ PHONE_____ # OF DEPENDENTS ON INCOME_____

REASON FOR REFERRAL:_____ WIN PROGRAM MEMBER:_____

_____ CHILD'S M.A. #_____

_____ DATE APPLIED:_____ DATE RECD:_____

_____ CHILD'S S.S. #:_____

PREVIOUS AGENCY CONTACTS OR PLACEMENTS: DATE APPLIED:_____ DATE RECD:_____

_____ DATE 4M SENT:_____ DATE 5M RECD_____

_____ COURT STATUS:_____

_____ DPW STATUS:_____

_____ DPA WORKER:_____

PRESENT FAMILY CONSTELLATION:	GUARDIAN	MOTHER	FATHER
NAME:			
AGE, DOB:			
ADDRESS:			
PHONE:			
OCCUPATION:			
RELIGION:			
DATE OF MARRIAGE:			
DATE OF SEP. OR DIVORCE:			

SOCIAL SECURITY #
INCOME/SOURCE:_____

SIBLINGS: NAME	AGE/DOB	GRADE/WORK	NAME	AGE/DOB	GRADE/WORK
1.			5.		
2.			6.		
3.			7.		
4.			8.		

CHILD'S RECORD (CONTINUED)

OTHERS IN HOME:

NAME	AGE/DOB	GRADE/WORK	NAME	AGE/DOB	GRADE/WORK
1.			3.		
2.			4.		

INTERESTED RELATIVES(friends)

_____

MEDICAL:

BIRTH WEIGHT:_____ HOSPITAL:_____

IMMUNIZATIONS:	ORIGINAL DATE	BOOSTER DATE
Diptheria		
Tetanus		
Polio (Oral)		
Measles		
German Measles		
Mumps		

CURRENT MEDICATION:_____

ALLERGIES: Goods:_____

Medication:_____

ILLNESSES:	DATE		DATE
Asthma		Diabetes	
Seizures		Other	

HOSPITALIZATIONS:

DATE	HOSPITAL	REASON

Family Physician:_____ Phone #_____

TITLE XX QUESTIONS:

Does wage earner require service to retain employment of 20 hours/wk or more?_____

Place of employment:_____

Defined plans to enroll in work related training program:

Date training to begin:_____

Training Site/Address:_____

Is Parent incolcws in GED High School Diploma program?_____

If yes, where_____

Is Parent enrolled in college program?_____

SOUTHERN HOME FOR CHILDREN

3200 SOUTH BROAD STREET

In the event of any medical emergency and in case I cannot be reached at once, I _____ parent/relative/guardian
Parent/Relative/Guardian

of _____ agree that the Southern Home for
Child's Name

Children staff can arrange for the provision of emergency medical treatment considered necessary in my child's best interests.

_____
Signature

_____
Date

SOUTHERN HOME FOR CHILDREN

PROGRESS SUMMARY

(Covering Period from____ to _____

Name of Child: Social Worker:

Date of Birth: Date:

Date of Admission: S. S. #

M. A. #

I. Identifying Data:

This section should include name, age, original referred problems, Southern Home Program designation, length of time participating in program, a brief description of natural family and delineation of gains and goals established at last report.

II. Child's Adjustment:

A. Program Adjustment -

Describe adjustment to SCILSE program including such areas as relationships with peers, adults and siblings and parents. Also describe responsibilities in the home and consistency on the child's part in following through. Be sure to summarize strengths, special interests and activities as well as newly developed interests and skills.

B. School Adjustment -

What school does this youngster attend? How regular is attendance? Have there been recent evaluations and/or referrals? Summarize contacts with the school counselor. Make mention of noteworthy progress or deterioration in school skills or functioning. A brief summary of the preceding report card should be included.

C. Community Adjustment -

Does this child have the ability to function independently and with self reliance and trustworthliness in the community? Does this youngster participate in constructive community activities at recreational centers, schools or church. Does he/she have age-appropriate friends? Is there a tendency to withdraw from the community and isolate one's self within the immediate family unit? Is there a tendency to lean toward or relate primarily to negative elements within the community? Has there been police involvement? Has there been drug or alcohol involvement?

D. Medical -

Has this youngster's health been good during this period or has there been noteworthy medical problems? Date of last physical exam and summary of finds (Nurse will supply information).

E. Small Group Functioning -

Attendance and evaluation of participation in SCILSE, Creative Arts groups, Boys' Adolescent Groups or Girls' Adolescent Groups.

F. Specialized Creative Arts Therapies -

Please include a summary of child's progress in specialized therapies such as art, music, movement or speech.

F. Relationship with Social Worker -

Does this youngster appropriately utilize you as a social worker or is he/she overly dependent or resistant?

III. Family Participation and Current Dynamics

This should include the extent and nature of family participation, the current focus of family work, progress made during this last period and continuing problem areas. If a Home Management Specialist is involved, a summary of this Department's work should be included. What does the child do while at home? How much time is spent with the family as opposed to the peer group associated with the family.

IV. Evaluation of Need for Continued Programming and Goals for the Coming Period:

Is this youngster and family in need of continuing services from the Agency? Be specific and state goals specifically. Keep in mind the vast resources the Agency has to support and assist children and their families through the SCILSE Program, Day Care Program, Home Management Specialists and Youth Counselors. Are there any referrals needed for further evaluation such as medical, physical, emotional, or special educational? In establishing goals be sure to cover each area A - G.

SOUTHERN HOME FOR CHILDREN

HOME MANAGEMENT DEPT.

REFERRAL AND CASE INITIATION FORM

Requesting: Youth Counselor:_____
(check one)

Home Manager:_____

Date Received:_____

Child:_____M/F Parents' Names:_____

Date of Birth:_____# of Siblings:____Address:_____

Social Worker:_____Phone No.:_____

Program:_____

Home Manager Assigned:_____

Youth Counselor Assigned:_____

Date Assigned:_____

Explain the current situation in the household and the reasons for referral:

_____

_____

_____

_____

_____

_____

List projected goals as worker sees them at the time of referral:

_____

_____

_____

_____

_____

_____

SOUTHERN HOME FOR CHILDREN

HOME MANAGEMENT DEPARTMENT

MONTHLY REPORT

Identified client:_____Report for month of:_____

Home Manager:_____Home Manager's Supervisor:_____

Social Worker:_____

Number of home visits:_____Number of family members seen:_____

Number of extended family members seen:_____

Number of collaborations with Social Workers:(Including phone)_____

Outside agencies contacted, services/benefits obtained:_____

_____

Number of clinical conferences attended:_____Number cancelled:_____

List any new goals defined at clinical conferences_____

_____

_____

Summary of activities/services provided to the family by the Home Manager:

Suggestions/recommendations re: family's status/goals:

SOUTHERN HOME FOR CHILDREN

CREATIVE ACTIVITIES DEPARTMENT

REFERRAL RESPONSE FORM

SPEECH ART MUSIC MOVEMENT THERAPY

DATE OF REFERRAL_____ STUDENT'S NAME:_____

REFERRAL SUBMITTED BY _____

DATE OF EVALUATION_____

- -

STUDENT WILL BE ACCEPTED FOR: INDIVIDUAL SESSIONS_____

SMALL GROUP THERAPY_____CLASSROOM THERAPY SESSIONS_____

DAYS AND TIME FOR SESSIONS WILL BE:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

STUDENT WILL NOT BE ACCEPTED FOR THERAPY BECAUSE:

DATE:_____

SIGNED:_____